New England Deaconess Hospital

pulse

185 Pilgrim Road, Boston, Massachusetts

January-February 1988

Deaconess mobilizes in response to health care legislation

Legislation that would affect health care delivery in Massachusetts and its regulation and financing has dominated the attention of legislators, businesses, insurance companies, and hospitals throughout the state for more than six months.

One of the major components of this legislation is a plan to provide insurance for those not covered by a health plan. The impetus came from a study, "Health Care for the Working Poor," prepared last spring by a committee headed by Patricia McGovern, Senate Ways and Means Committee chair. The study reported that more than 10 percent of the residents of the Commonwealth lacked health insurance protection; as a result, McGovern announced her intention to propose legislation.

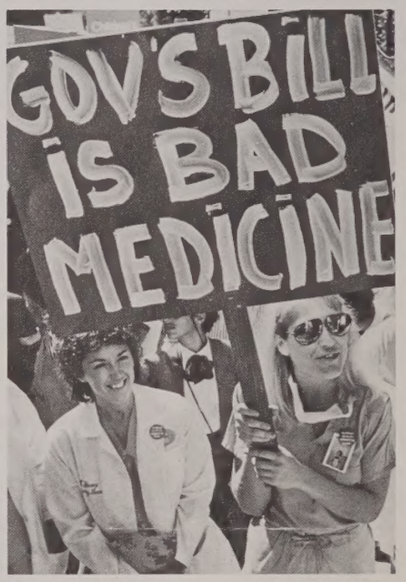
The House and Governor Dukakis then took up the cause, and both introduced legislation that promised health care coverage for the more than 600,000 uninsured residents of Massachusetts. A new agency, the Massachusetts Health Partnership, to oversee state-purchased health care also was proposed by the governor.

The Deaconess and other Massachusetts hospitals unanimously supported the governor's proposal to guarantee adequate health coverage for every citizen in the Commonwealth. What was at issue for hospitals, however, was a portion of the legislation which would cap hospital charges at a level significantly below the true cost of delivering services.

The Massachusetts Hospital Association (MHA) maintained that the proposed revenue cap would lead to a shortfall of $100 million or more for the state's hospitals during the next fiscal year. MHA also said the cap would have very serious consequences for reduction in services and for hospitals' capacity to respond to health care workers with modest pay increases in a period of increasing personnel shortages. In short, a stringent cap on hospital revenues would severely limit the resources needed to deliver quality services.

Making the problem even more acute was the Medicare issue. Federal Medicare reimbursement, especially to teaching hospitals like the Deaconess, was expected to decrease in the coming year. There were indications, too, that the state intended to cut its Medicaid payments by $20 million.

Employees rally, write their legislators to fight restrictive funding cap.



Mary Feeney, R.N., recovery room (left); and Barbara Prater, R.N., operating room, were among 125 Deaconess employees who participated in State House Action Day in September.

A total increase of more than $500 million in hospital revenues was being sought by MHA; this would add nearly 18 percent to overall hospital revenues, half of which would make up for shortfalls in Medicare funds. Without a reasonable increase, teaching hospitals would not be able to compensate for the expected loss of from 4 to 7 percent in direct Medicare payments.

According to Paul Earle, senior vice president of Finance at the Deaconess, the proposed cap could leave a revenue shortfall of $10 million for the hospital in 1988. "Because the Deaconess treats a higher percentage of elderly patients than most hospitals, we are among the top Medicare users in the state. We lose money every year from Medicare reimbursement, but we can't make up the deficit by shifting charges to the rest of our patients — the state mandates against it. Therefore, we're unable to recoup the losses from year to year," says Earle.

Although the House at one point had moved to enrich hospital revenues substantially — a testimony to the success of hospitals' lobbying efforts — the House ultimately did not finalize its

(continued on page 2)

To all members of the Deaconess family:

I want to express my sincere thanks to the more than 500 Deaconess employees who took the time to write letters in opposition to the revenue cap, and to the more than 125 Deaconess people who participated in the State House rally. In addition, my thanks go to those who met with legislators and attended the various hearings held by the House and Senate Ways and Means Committees.

I am proud that Deaconess employees responded in such a positive way to this issue of most critical importance to us. Our contribution and that of other hospitals, in fact, did make a substantial impact on the legislators. Despite financial obstacles posed by legislation or other factors, the Deaconess remains committed to excellence in health care and will strive to be among the frontrunners in the face of an ever-changing health care industry.

The battle is far from over, however. Your further support may be needed on this particular legislative issue or perhaps a future one. I know I can count on your help again should the need arise. Thanks.

Sincerely,

Laurens MacLure
President

Legislation (continued from page 1)

own bill. Instead, it voted to extend the current hospital financing system (Chapter 574, which had expired on September 30) for another six months. Hospital reimbursement formulas under Chapter 574 are less generous than those in the House version of the bill. This decision to enact a "rollover" has put enormous financial pressure on the hospital industry to compromise on its fiscal demands.

"The rollover of the current financing system is bad news for the Deaconess," says Earle. "But we are not alone. All teaching hospitals project operating losses under the current system," he says.

"Hospitals need more money, but there are no blank checks."
— Paul Earle, senior vice president for Finance

Complicating an already complex issue, an additional issue became obvious at the Senate hearings held by McGovern: the hospital industry must deal with the system-wide problems of overbedding and low occupancy. The consensus emerging was that the state's lawmakers could not afford to broaden access to health care unless they simultaneously addressed the cost and efficiency of the hospital industry.

In other words, the capacity of the Massachusetts hospital system had to be reduced: 7 out of 10 hospitals had occupancy rates below 70 percent in 1986 and one-third more beds were licensed than were currently used. Closing institutions or converting them to other needed uses was seriously discussed.

According to Joseph D. Alviani, Massachusetts Secretary of Economic Affairs, the state cannot afford to give efficient hospitals or Boston teaching hospitals what they need if high-cost, low-occupancy hospitals are given the same.

The Deaconess has approached all these issues in a spirit of extended and intended cooperation. Externally, the hospital has supported the efforts of MHA and a group comprised of the seven major Boston teaching hospitals. Deaconess people have participated in letter-writing, rallies, and public hearings (see letter from Laurens MacLure on page 1).

Internally, the hospital is working on several fronts. "We are taking a methodical and thoughtful approach to our financing problems by looking for ways to increase productivity and minimize the impact on staffing and services," says Earle. A high-level task force has been appointed by Laurens MacLure, president, chaired by Richard Lee, executive vice president, and composed of three sub-groups: productivity in operations, headed by David Lilley; program assessment, headed by Curt Smith; and marketing, headed by Paul Somoza. Each sub-group is charged with coming up with creative ideas to decrease expenses, increase revenues, or bring more patients to the Deaconess.

"No matter what the outcome of this particular legislation, it's clear that the future of hospital reimbursement and financing will require compromises from legislators and hospitals," says Earle. "Hospitals need more money, but there are no blank checks. We will have to tighten our belts, and we will have to get even better at what we do. We plan to do it in an intelligent and careful manner."

Chronology of events

August
House Bill 5968, which includes a proposal to limit allowable hospital charges, comes before the Massachusetts House of Representatives. Hospitals strongly oppose the cap saying it will have catastrophic effects on health care delivery.

September 2
The Deaconess joins in a state-wide letter writing campaign to express concern. More than 500 letters are sent by Deaconess employees.

September 12
Governor Dukakis introduces his own bill, H.6000, which guarantees health insurance for all uninsured Massachusetts residents. He also proposes a cap on hospital charges of inflation plus two percent.

September 16
About 125 Deaconess employees join with more than 6,000 health care workers in a State House rally to oppose the revenue cap.

September 21
Hearings are held at the State House before the House Ways and Means Committee. Dukakis and various special interest groups testify.

September 30
Representative Richard Voke, chair of the House Ways and Means Committee, moves to enrich hospital revenues by $315 million in an update of H.6000, now called H.6068. Of that amount, $127.5 million is earmarked for wage increases of health care workers. The Massachusetts Hospital Association urges legislators to increase revenues even more for 1988.

October 5
The House votes to delay action, and also to limit the powers of the new state agency, Department of Medical Services (formerly Massachusetts Health Partnership) proposed by Dukakis to oversee the health care industry.

October 14
The House does not act on H.6068, but instead passes a bill to extend the state's current hospital financing system (Chapter 574) for another six months, and sends it to the Senate.

October 20
Senator Patricia McGovern, chair of the Senate Ways and Means Committee, announces plans to revitalize the proposed legislation.

October 27
McGovern holds a public hearing on universal health care. About 1,400 rally at the State House in support.

November 2
McGovern holds second public hearing on hospital financing and cost containment. Major topics are low occupancy rates of some hospitals, possible closures, and conversion of hospitals to other uses.

November 15
McGovern opposes any new tax for health care bill. Says she is undecided whether she will propose a single piece of legislation to deal with both hospital financing and health coverage for the uninsured.

December 21
The Senate approves a compromise universal health care bill. It offers a phased-in approach to health care insurance and a new hospital financing system totalling approximately $350 million in additional 1988 hospital revenues. More than 40 Deaconess employees are among the 250 hospital workers present at a State House rally in support of the bill. The next step, passage by the House, is not assured.

December 24
The House is undecided whether to consider the Senate bill in the waning days of the legislative session or pass a stopgap measure to extend the current hospital financing law. The legislative session ends at midnight on January 5.

New facility helps Deaconess Home Health Care expand services

"With the completion of our new facility, Deaconess Home Health Care now is a full-service company, providing a complete range of services in high technology home health care," says Richard Baptista, R.Ph., general manager of Deaconess Home Health Care Corporation. (DHHCC).

Established in 1984, DHHCC is a subsidiary of NEDH Corp., the parent company of Deaconess Hospital. The company specializes in providing home infusion therapies — such as parenteral and enteral nutrition, parenteral pain management, and intravenous chemotherapy and antibiotics. Respiratory therapy also is available.

The new DHHCC facility at 109 Brookline Avenue was completed last summer. In addition to offices for management, patient service, nursing, marketing, and reimbursement, the area includes a warehouse for supplies and equipment, a retail pharmacy, and a special sterile products complex or "cleanroom" where parenteral therapy solutions are compounded.

Baptista says, "The cleanroom is hundreds of times more sterile than the average operating room. It includes a special ventilation system and stringent quality control procedures. Anyone entering must be completely gowned, gloved, and masked. Most institutional pharmacies don't need a cleanroom because the solutions they compound are used by patients soon after preparation. Since we compound large batches of solutions that may be stored in a patient's home for 14 to 30 days, the possibility of contamination of the solution by microorganisms needs to be precluded. The cleanroom allows our highly skilled pharmacists and technicians to compound solutions in a way that will assure maximum patient safety."

DHHCC now handles the entire process of high-tech home health care, including initial patient assessment, patient training, solution preparation, product delivery, nurse visits, and feedback to patients' personal physicians. Previously, the company contracted with an outside vendor for supplies and delivery.

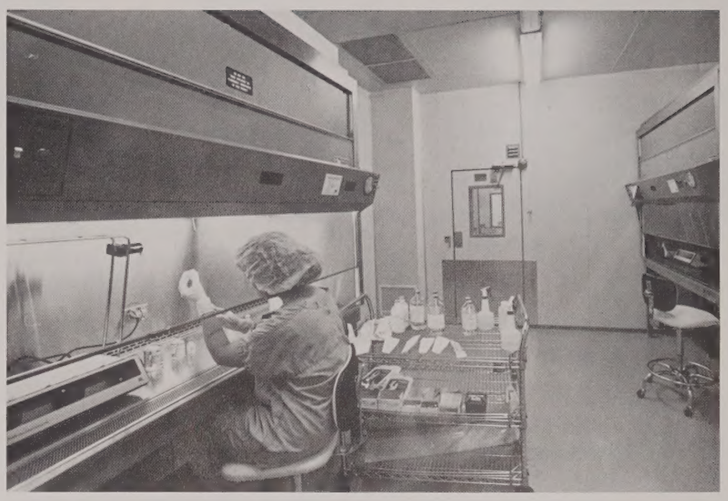
"The old system worked well," Baptista says, "but we saw there was room for improvement if we consolidated operations under one roof. The program has been very well received by patients and clinicians, and we now service patients throughout eastern Massachusetts."

Although Deaconess Hospital patients who choose DHHCC services make up a large portion of clients, many come from other health care facilities. Patients may be referred for home care by their personal physician or nurse, by a social worker or continuing care coordinator, or may initiate the process themselves.

Patients choosing to receive home care from DHHCC usually are visited, assessed, and trained by a DHHCC nurse before leaving the hospital. Nurses consult with the referring clinicians and assess patients' home situations and lifestyles to determine whether the home is appropriate and how the therapy may be made easier, more economical, and more successful.

"It usually is necessary for a patient to have a backup person at home, a friend or relative who can assist with the therapy," Baptista says. "Both the patient and the backup person are trained in the correct methods of administering therapy and in recognizing problems that require calling our 24-hour hotline."

Once training is completed, the nurse places the physician's order for appropriate supplies, medications, and equipment. Materials are delivered to patients in their homes by DHHCC representatives, all of whom are certified emergency medical technicians. The nurses also visit patients at home during the first few days of therapy, until patients are confident and comfortable with the treatment. For patients with more complicated needs, nurses will continue to visit regularly.



Mary Der, R.Ph., home intravenous pharmacist, compounds infusion solutions in the DHHCC "cleanroom," a special sterile products complex to assure maximum safety in solution preparation.

"Our goal is to make the patient as independent as possible, within the requirements of safe, appropriate treatment. Many patients are able to return to work or school while receiving therapy," Baptista says. "We have nurses, pharmacists, and delivery representatives on call 24 hours a day, in case of problems or emergencies."

The need for home health care therapies and services should expand greatly in the coming years, and DHHCC is planning to grow with it. Baptista says, "These days, when patients leave hospitals sooner than ever, there is a need to provide additional therapies in the home. With our staff's experience, the guidance of the physicians on our medical advisory board, and our close ties with hospital clinicians, we're in an ideal situation. It's really very satisfying to be involved in bringing the latest in medical treatments to patients in the comfort of their homes."

Clouse named full Harvard professor

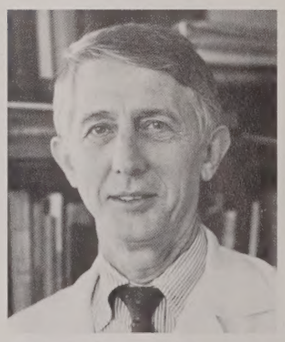
Melvin E. Clouse, M.D., chairman of the Deaconess Department of Radiology, has been promoted to professor of radiology at Harvard Medical School. He has been a member of the Harvard faculty since 1966, and was named associate professor in 1983.

"It is quite an honor to be named full professor, because it recognizes one's standing in the scientific community on a local, national, and international basis," Clouse says.

Laurens MacLure, hospital president, says, "A full professorship at Harvard Medical School is an honor given to relatively few people. It is a recognition of Dr. Clouse's important contributions to radiology and academic medicine."

Clouse currently is principal investigator in several research projects in Radiology. They include studies using nuclear magnetic spectroscopy to improve evaluation and preservation of donor livers; development of methods to dissolve gallstones without surgery; and installation of a unit to destroy gallstones by lithotripsy (use of sound waves). The lithotripsy unit probably will be installed at the Deaconess later this year.

Clouse joined the Deaconess staff in 1969 and was named chairman of Radiology in 1975. He has served as president of the medical staff and chairman of the medical administrative board. A graduate of the University of Texas Medical School, he is a fellow of the American College of Radiology and an active member of several professional associations, including the Radiological Society of North America, the New England Roentgen Ray Society, and the Association of University Radiologists.



Melvin E. Clouse, M.D.

Departments cope with staff reductions

"Everyone is working harder, at all levels of the hospital."
— David Lilley, senior vice president for Operations

How do you make up for the loss of 116 employees? Deaconess Hospital has been answering that question in a number of ways since a large group of long-time employees took early retirement in September.

Because the early retirement program was a cost-cutting measure, the only vacant positions that will be filled are in essential areas like Nursing and billing, or in areas that already may have been short-staffed because of the difficulty in finding new employees.

To cope with the reductions in work force, departments throughout the hospital have worked to streamline their operations and consolidate functions, while still maintaining high quality patient care.

David Lilley, senior vice president for Operations, says, "Everyone is working harder, at all levels of the hospital. There was a double impact for areas like Dietetics and Building Services; they lost several employees, and it is not easy to find employees for those jobs. So people are working overtime and evenings to get the job done. Management really appreciates their extra hard work."

Building Services lost 11 employees to early retirement, and department director Barbara Stank says, "Those who are gone are really missed, and those who are still here deserve a lot of credit for their hard work and extra effort. We've had to change a longstanding policy that full-time Building Service workers were not asked to work weekends. It was a difficult decision to make, and some people were understandably upset. But they rallied behind us and have shown lots of loyalty and spirit. The managers worked hard to devise an every-other-weekend off schedule that minimizes the impact on each individual."

To help get employees through an uncertain, potentially discouraging time, Building Services also holds regular group meetings. The gatherings inform employees of the latest developments at the hospital and are an occasion to recognize those who have done extra work or have been especially flexible and cooperative.

Some departments have found innovative ways of changing their work patterns. Dietetics has rescheduled the delivery of patient meals both to get the job done with fewer employees and to reduce the time elevators are tied up. Paul Earle, senior vice president for Finance, says, "We are reassessing what we do, to figure out how best to spread the workload. We also have to set clear priorities, to decide what must be done and the best way to accomplish it, and then postpone or eliminate unessential activities."

Judy Miller, senior vice president for Nursing, says, "Our management and administrative functions have been consolidated. Several floors in the Farr building — Farr 3, 7, and 9 — used to consist of two 20-bed units. Now they are combined in single 40-bed units; so we need fewer nurse managers. We also have only four directors of Nursing, where we used to have six. So everyone has taken on more responsibility. And of course the staff nurses are really working hard to maintain the caring spirit."

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Patient relations problems now referred to Quality Assurance

The Quality Assurance Department has taken on the job of making sure that patients' questions or problems are handled appropriately. Any patient relations issues should be referred to Wendy Sandberg, R.N., quality assurance coordinator. She will refer the question to the responsible department head or administrative officer, and will follow up to make sure the patient receives an answer. Sandberg also hopes to work more with volunteers to meet patient relations needs.

Sandberg can be reached in Quality Assurance, Harris Hall, 732-8899.

Employees who accepted early retirement

Administration
Dean Annis
Ruth Dziadul
Zelia Gorman
Eleanor Lowry
Robert Pence
Hubert Sycamore
William Wambolt
Elizabeth Woodworth

Admitting
William Flatley
Nancy Whelan

Alpha Credit Union
Robert Desmond

Building Services
James Barrows
Leonne Bigot
Orcilia Brown
Polly Cofield
Antonia Diogo
Catherine Lynch
Pearline McCloud
Gilda Moscato
Frank Nania
Serena Perry
Ivy Seaton

Cardiology
Marie Dumont

Dietetics
Rosemary Bambrick
Herbert Bennett
Anthony Fortes
Patricia Keaney
Salvador Ortiz
Rachel Stubbs
Margaret Vandenberg
Watseka Verbryke

Electroencephalography
William Nichols

Engineering & Maintenance
Marcello Angeloni
Alfred Bonaccorsi
Donald Cobb
Joseph Demers
Walter Hirtle
Janis Kalns
Joseph Lyons
Everett Nickerson
Thaddeus Szarek
John Tector
Dennis Trayers III
Salvatore Triolo
Alfreds Veisbergs

Fiscal Services
Artie Alexander
William Branson
Henry Knopp
Dorothy Markowitz
William Martin
Erminie Smith
James Ward

Health Clinic
Selma Beshansky
Anne Pariselli

Home Health Care
George Carrington

Human Resources
Jan Murch

Infectious Disease Research
Thelma White

Information Systems
Robert Irving
Edlin McLean
John Sheehan

Laundry, Grounds, Transport
Modesto Gonzalez
James Halligan
Roger Peterson
Evangelia Spiliakos
Edelmire Torres

Materials Management
Sante Breda

Medical Staff
John Pikula, M.D.
C. Burns Roehrig, M.D.

Nursing
Muriel Bayne
Algeria Billings
Judith Brazier
Mary Brown
Ethel Buggs
Monica Colebourne
McNeil Crichlow
Madeline Cunningham
Etta Davis
Margaret Dowd
Olabelle Ferguson
Eileen Fink
Karen George
Anne Gleason
Hermene Grace
Elsie Howell
Barbara Howell
Kathleen Lodge
Doris McDonald
Gilbert Medeiros
Elsie Miller
Louise Mitchell
Barbara Moody
Sylvia Nott
Felicita Patino
Mary Radovich
Velma Sheffield
Ethel Stubbs
Theresa Viola
Constance Williams
Barbara Wolchok
Gillian Yurkstas

Pastoral Care
Helen Gibson
Guy Steele

Pathology
Frank Bettinelli
Adrienne Guptill
Rita McKeeman
Ethel O'Brien

Pharmacy
Philip Pacella

Quality Assurance
Phyllis Giardini

Radiology
Helen DeConinck

School of Nursing
Janet Clinton
Adeline Gosse
Doris Keough
Eileen Nee
Yvette Twohig

Telecommunications
Gladys Healy

Tumor Registry
Lillian Mutascio

Public Relations
Department

732-8046

January 1988

New England Deaconess Hospital

MINI pulse

LEGISLATIVE UPDATE: HOUSE STALLS ON HEALTH CARE BILL

On December 29, House Speaker George Keverian announced that not enough time remained in the legislative session to consider the complex health care legislation recently passed by the Senate. He said the matter will be taken up in the early weeks of the 1988 session. In the interim, he recommended passage of an extension of the current hospital financing system.

CHRISTMAS BAZAAR A WONDERFUL SUCCESS

This year's Christmas Bazaar, sponsored by the Friends of the Deaconess, raised more than $11,000 for the hospital. This was the most successful event to date, according to Helen Kozak, chair of the bazaar. More than 30 volunteers and Friends worked behind the scenes making crafts, baking, and working at the tables. Wilford Neptune, M.D., donated his home-grown plants and orchids to the plant sale; also very popular was the jewelry table, featuring items at half price. The following people won the raffle items: Fran Klein, doll house; Sauma Manji, Geneva Hall, and Beryl Livingston, sweaters; Eleanor Murphy and Mary Christensen, answering machines; Caroline Whinny, gift certificate. The Friends would like to thank everyone who contributed to and supported the bazaar.

FEBRUARY AIDS EMPLOYEE GRAND ROUNDS

The next employee grand rounds will be held on Wednesday, February 24, 1988 from 6:30-8 p.m. in Joslin Auditorium. The focus will be on what families should know about AIDS and how to discuss the subject within the family. Employees are encouraged to bring spouses, older teenage children, and friends. The program also will be open to the public. Tentative speakers include Deborah Lichtenberg, R.N., on the basic facts and a speaker from the AIDS Action Committee on risk reduction. A question and answer period will follow.

ANNUAL MEETING

The 1988 Annual Meeting of NEDH Corp. will be held on Tuesday, January 19, 1988 at the Museum of Fine Arts in Boston. Herbert Benson, M.D.--chief of behavioral medicine and nationally known author of The Relaxation Response, Your Maximum Mind, and other related books--will be the guest speaker.

UNITED WAY STILL ACCEPTING PLEDGES

Many thanks to the many employees who supported the United Way Campaign. To date, Deaconess employees have contributed more than $43,000 to the United Way of Massachusetts Bay. An additional $10,000 is needed in the next few weeks to equal last year's total. There is still time to make a pledge. For more information, call Human Resources (2-8152 or 2-8153).

EMPLOYMENT UPDATE

The Human Resources Department has been recruiting applicants to fill several vacancies at the hospital. Representatives from Human Resources have attended job fairs at Northeastern University, the University of Rhode Island, Rhode Island College, Simmons College, and the Community College of Rhode Island. Employment representatives also have attended the September Job Connection (a secretarial fair in Boston), the Grow with Massachusetts fair, and Job Week at the Park Plaza Castle. Through the job fairs, 133 essential positions were filled at the hospital in October and November. Additional suggestions are welcomed for ways to fill vacant positions; call Human Resources (2-8137).

JANUARY IS NATIONAL VOLUNTEER BLOOD DONOR MONTH

In observance of National Volunteer Blood Donor Month, the Blood Bank will have a display in the Farr lobby during January, and will give out free movie tickets and Mrs. Fields' cookies to donors. Blood supplies are traditionally low after the holidays, and the Blood Bank urges employees to donate during this time. The Blood Bank, on Deaconess 3, is open Monday-Thursday from 9 a.m.-8 p.m., Friday 9 a.m.-5 p.m., and Saturdays and Sundays 1-4 p.m. For further information, call Jan Ronfeld (2-9085).

HUMAN RESOURCES NOTES

Gary MacDonald, R.R.T., has been promoted to assistant director of the Respiratory Therapy Department. MacDonald joined the department in 1976 as a staff therapist and has worked as shift supervisor and critical care coordinator.

GIFT SHOP TO CLOSE TEMPORARILY

The Gift Shop will be closed for renovations from January 18-29 and will reopen on Monday, February 1. The Friends of the Deaconess will cover the cost of the renovations, which include a reorganization of merchandise to provide better access for customers. For further information, call Volunteer Services (2-8044).

AUTO LEASING AVAILABLE THROUGH MASCO

MASCO has made arrangements with LMA Leasing Inc., a subsidiary of Xerox Credit Corporation and one of the nation's largest vehicle leasing firms, to make new vehicles available to members of MASCO-affiliated institutions. Most domestic cars, vans, and light trucks are available, as well as selected Toyota models. Lease rates are based on the wholesale price of the vehicle. For more information, contact Alice Cassidy at MASCO (2-2371).

MASCO COPY CENTER

The hospital has a longstanding agreement with MASCO Copy Center to perform copy services that are too large or complicated to do on the hospital's copying equipment. All outside copy requirements should be directed to MASCO Copy Center rather than to other local copy centers. MASCO prices are usually lower. For more information, call Ann Casey (2-2340).

INFERTILITY PROGRAM AVAILABLE

The behavioral medicine section offers a new Mind/Body Program for women with infertility problems. Participants in the program will learn the relaxation response, stress management, and behavioral techniques. There is evidence that such behavioral interventions may increase the chance of conception. The program runs for 10 weeks beginning January 20 from 5-7 p.m., and is offered to women having difficulty conceiving. Evaluation appointments are being taken now. For more information, call Alice Domar (2-9530).

BOSTON COMPUTER SOCIETY MEETING

The Boston Computer Society special interest group in artificial intelligence in medicine will present a program entitled "voice pattern recognition in the generation of radiology reports." The program will be held on January 13 at 7 p.m. in Howland Auditorium in Kennedy Hall. Alan Robins, M.D., chief of radiology at New England Baptist Hospital and Boston Veterans Administration Hospital, and Ed Marcato, a representative of Kurzweil Applied Intelligence, will be the speakers. For further information contact William Lockard, M.D. (2-9010).

THANKS FOR GIVING

The Longwood Medical Area/Mission Hill and Fenway Food Project wish to thank the friends and employees of the hospital who participated in the third annual "Thanks for Giving" Canned Food Drive. More than 3,000 pounds of food were collected for the ABCD Parker Hill/Fenway Food Pantry. This amount should supply local families with food for at least three to four months.

DROP PUBLIC RELATIONS A LINE

Public Relations always is interested in receiving news of employees' and staff members' professional activities and unusual accomplishments. News can be reported on the Newsforms sent monthly to department and section heads, or by a written note sent to Public Relations, LMOB 5G. It is a good idea to send notice in advance of special events. Although there is no guarantee that a particular item will be covered in hospital publications, each item received will be considered.

ALPHA CREDIT UNION SURVEY WINNERS

The winners of the Alpha Credit Union survey contest are: Catherine Bittle, Joslin Clinic; William Curby, Lahey Clinic; and Jane Hovey, Palmer 2. Employees who completed questionnaires about the credit union's services and offered suggestions were entered in a raffle for a gift certificate to Pier 4.

TAX TIPS: QUESTIONS ANSWERED BY PHONE SERVICE

Tele-Tax, a recorded telephone tax information service provided by the Internal Revenue Service, is available again this year to taxpayers. This service offers information on more than 150 tax subjects such as changes in the law, filing requirements, itemized deductions, tax credits, dependents, and adjustments to income. For more information call the IRS forms number 1-800-424-3676.

FIT & FEMALE

Beginning in January, the Deaconess will sponsor a health information series called "Fit & Female." Every Thursday for the next six months, the health report will air just prior to "Journal" on WSBK-TV (Channel 38, 9:30-10 a.m.). The series addresses a variety of women's health issues and gives the hospital's address and a phone number for more information.

SERVICE AWARDS

Congratulations to the following employees who celebrate their service anniversaries in January:

30 Years
Alice Malone
Nursing

20 Years
Patricia Wilcox
Patient Service

15 Years
Jane Gerry
Pathology
Janet Lewis, R.N.
Nursing
Jean Proestakis
Admitting

10 Years
Herbert Bennett
Dietetics
Pamela DeJoie
Pathology
Paul Egan, R.N.
Nursing
Barbara Glennon, R.N.
Surgical Services
Mauka Madeksza
Information Services
Geraldine Murphy, R.N.
Nursing
Karen Nardelo
Respiratory Therapy
Marylou Ricketts
Ambulatory Services

5 Years
Ventrice Blackman
Nursing
Jack Hawiger, M.D.
Medicine
Ron Kalman
Pathology
Robert Kirby
General Diagnostic Studies
Marek Kloczewiak
Grants & Contracts
Sharin Slaver, R.N.
Surgical Services
Sheila Timmons
Grants & Contracts
James Ward
Engineering & Maintenance

(This list supplied by Human Resources.)

Minipulse is published by the Public Relations Department on the first Thursday of every month. Deadline for the February issue is January 18.

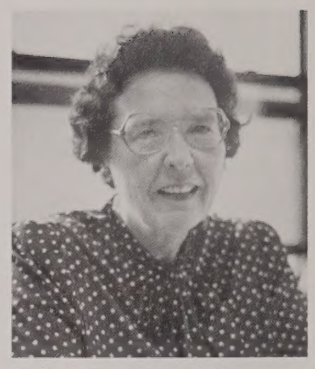
Barbara Hooker receives Conceison award

Barbara B. Hooker, R.N., M.S., director of the Deaconess School of Nursing (SON), received the 1987 Mary B. Conceison Award of the Massachusetts/Rhode Island League for Nursing (MARILN) at the association's annual meeting in September. The Conceison Award recognizes an active member of the league who has made outstanding contributions to nursing education or nursing practice.

"I was very surprised to receive the award," Hooker says. "To be recognized by my peers, who know my strengths and weaknesses, is a real honor. They know how much I love nursing, how proud I am of the profession and its achievements. We are a caring profession, and our work demands a lot of leadership. That's what the award was established to recognize, and that's why I was so pleased to be named a recipient."

A member of the SON faculty since 1961, Hooker became associate director in 1980 and director in 1985. Her leadership in nursing includes service on the boards of directors of both MARILN and the National League for Nursing, on task forces of the state Board of Registration in Nursing, and as a consultant to Diploma Schools of Nursing. She is a graduate of the University of Connecticut School of Nursing, and received her master's degree in nursing from Boston University.

Hooker is the second Deaconess recipient of the Conceison award. Ellen D. Howland, R.N., retired director of Nursing and SON director, was the 1983 recipient.



Barbara B. Hooker, R.N.

MacLure reports hospital results at staff annual meeting

Laurens MacLure, hospital president, reported on the hospital's overall condition and the factors that led to a negative financial result for 1987 at the annual meeting of the medical staff in October.

MacLure explained that the hospital's loss was the result of an unusual series of occurrences: including a drop in admissions, which led to lower revenues; an increase in length of stay, which pushed expenses up; a shift in payor mix to more Medicare and Medicaid patients; changes in the intensity factors calculated by Medicare; and unplanned adjustments to income from preceding years. He stressed that these events were not likely to recur and that the hospital's overall strengths — especially its employees and medical staff — will overcome current difficulties.

MacLure emphasized the need for everyone's help, and encouraged the medical staff to assist, "by working to reduce length of stay, carefully ordering tests and medications for your patients, and bringing us any ideas you have to help the hospital run more efficiently."

Also at the meeting, 25-year service pins were awarded to Donald Barnett, M.D., internal medicine/diabetes; and Albert Sheffer, M.D., chief of allergy. A special award was presented to Lyman Hoyt, M.D., who retired in 1987 after 58 years on the staff. In making the presentation, MacLure said, "Dr. Hoyt has an unparalleled record of service to his hospital, country, church, and especially his patients." Colby Hewitt Jr., chairman of the board, said, "The trustees have rarely encountered anyone who was such a successful fundraiser for the hospital."

During the business portion of the meeting, Douglas Horst, M.D., was reelected president of the medical staff, and Anthony Monaco, M.D., was elected vice president.

Raymond Dix mourned by friends, co-workers

Raymond Dix, executive chauffeur at the Deaconess for more than 30 years, died in November at 71. He came to the Deaconess in 1946 and retired from full-time work in 1982, continuing as a part-time chauffeur until February 1987.

Dix was well-known and liked for his friendly personality and professionalism. "Ray was always upbeat and very positive in his outlook on life," said Laurens MacLure, hospital president, at the hospital's memorial service held on December 10 in the chapel. "He was one of our most dependable people. I never heard him say an unkind word. He was a very special person, a good friend to everyone who knew him."

Others who spoke at the Deaconess memorial service included Gary Rundle, transportation, and Richard Barry, administrative services. Music was provided by Anthony Garcia and Judy Salgado, patient transport; Efrain Salgado, transportation; and Lois Regestein.

MacLure recently received a letter of thanks from Dix's wife. "Mrs. Dix wanted me to be sure to express her appreciation for the love and kindness that employees and friends showed toward Ray during his illness, for the inspirational cards and flowers, and also to thank those who attended the memorial service," says MacLure. "She also said that Ray loved working at the Deaconess."

Raymond Dix was hospital chauffeur for more than 30 years.

Florence Lee, long-time hospital supporter, dies

Florence P. Lee, an honorary trustee and longtime supporter of the Deaconess Hospital, died in October at 90. Her devotion to the hospital spanned more than 40 years and was exemplified by her many activities and contributions to the Deaconess and its programs.

As a member of the Friends of the Deaconess, Lee was a Red Cross Grey Lady at the hospital during World War II. She worked in the cancer clinic, then located on Palmer 1, helping to alleviate the wartime personnel shortage. She continued her involvement with Friends activities, including the Boston Pops concerts and Christmas Bazaar, and served on the auxiliary's board of directors until her death.

In 1964, Lee was elected to the hospital's board of trustees and executive committee and over the years served on the long-range planning committee and development council. She was named an honorary trustree in 1978.

She made countless contributions to the hospital, including a gift of her home in Brookline, which was sold and the proceeds applied toward the construction of Kennedy Hall. Roger A. Perry Jr., senior vice president for External Affairs, says, "Mrs. Lee was the sort of person we could always call on for assistance. She often worked behind the scenes to help us solve problems or bring programs to fruition."

Laurens MacLure, hospital president, says, "There are few people who have been as loyal supporters of the Deaconess as Florence Lee. We shall miss her very much."

Florence P. Lee

Survey shows satisfaction with Deaconess patient care

"The feelings expressed by our patients are overwhelmingly positive."
— Hugh Wheeler, patient satisfaction subcommittee

For the past four years the Deaconess has administered a questionnaire to a random sampling of patients, asking them about many aspects of their hospital stay: from the courtesy of admitting officers, to the quality of the food, to whether they would choose to be patients at the hospital again. Although the survey's results have fluctuated over that time, the overall level of patient satisfaction has been remarkably high.

A questionnaire is sent to every fifth patient discharged from the hospital, and on the average 40 percent of the questionnaires are completed and returned. "That is a very high rate of return for a mail-in survey," says Hugh Wheeler, Ph.D., administrative director of the Radiology Department and chair of the patient satisfaction subcommittee of the Guest Relations Committee. "People tend to respond to questionnaires when their feelings are strong, and the feelings expressed by our patients are overwhelmingly positive.

"Since we began using the questionnaire, 95 percent of those surveyed said we lived up to their expectations, and 97 percent said they would choose to be a patient here again. Those are very significant results."

Tracking survey results over time shows that satisfaction levels tend to change, and beginning in the summer of 1985 there was a slight, although significant, downward shift in the level of positive responses. Although it is impossible to prove a cause-and-effect relationship, this shift occurred right after the introduction of the Medicare Prospective Payment System, which put increased pressure on all hospitals to streamline their operations and reduce the time patients spend in the hospital.

In response to the downward trend in satisfaction levels, the hospital formalized a guest relations program and reorganized the Guest Relations Committee (as explained in the September/October 1987 issue of *Pulse*). And the results for the past two quarters (spring and summer 1987) show a return to the higher levels of previous years.

Wheeler says, "The survey is a good instrument for giving us the general motion of patient satisfaction. When we have seen a decline, it has been hospital-wide, not just in one department. It's also important to realize that, although the survey asks questions about the performance of specific departments — such as Nursing, Dietetics, or Building Services — it is not intended or used to compare one department's levels to another's."

Departmental scores are useful in enabling departments to track their own levels over time. In at least one instance a change in service has produced a measurable change in survey results. Late in 1984, Dietetics changed its system of patient meal delivery, adding heat-retaining plates and covers to patient trays. Although the change was made primarily to save time and money by streamlining the food preparation process, it also resulted in significant improvements in patients' satisfaction with the quality and temperature of their meals.

The questionnaire also includes space for patients to write general comments about both the positive and negative aspects of their care. (A selection of comments from recently returned questionnaires is printed below.) Wheeler says, "We encourage department heads to review these comments and share them with their employees, who really deserve the credit for the positive responses we receive.

"Although there is no way to compare our satisfaction levels with those of other hospitals, we feel the survey results say a lot about the type of care given at the Deaconess," Wheeler says. "Today's patients are more sophisticated, more demanding, more involved in their care than ever before. The high levels of satisfaction Deaconess patients report are remarkable and tell us that we are continuing to uphold the hospital's tradition of patient-centered care."

"Thank you . . ."

Many of those responding to the patient satisfaction questionnaire take the opportunity to express their appreciation for the care they received at the Deaconess. The following comments are excerpted from surveys received in the past few months. (Attributions indicate the patient's unit while in the hospital.)

"I was amazed at how professional and well-organized everyone was." — **Palmer 5**

"I am answering for my father because he is back in the Deaconess for the third time since April. Our family has been pleased and impressed with the care he has received . . . He has been treated as a person, and we were never given the impression that he was just an elderly man taking up their time. My father will undoubtedly be back at the Deaconess, and we know your staff will again give him good care." — **ICU, Palmer 3, Farr 3**

"I was made to feel important." — **Short Stay Unit**

"Because I am a nurse, I tend to be a little more critical of the care I get. Deaconess far exceeded my expectations of a big hospital." — **Farr 8**

"The nurses especially were intelligent, well-informed, and willing to answer your questions." — **DTU-W**

"I appreciated the kind, understanding care; especially the care provided by the aides." — **DTU-E**

"I have been in other so-called high-tech hospitals, but Deaconess is the best. Meals were very good and prompt. I never heard any personnel complain when asked to any unpleasant tasks." — **Baker 4**

"The nursing staff, and the staff in general, were friendly, efficient, and caring." — **Farr 10**

"The man who cleaned the floor always took time to say 'hi' and find how I was doing . . . My nurses and aides did everything to keep my spirits up." — **Baker 4**

"All the staff members took the time to make sure I understood the procedures and their results." — **Farr 8**

"There was an overall feeling among everyone I was in contact with to be 'up front' and concerned for the patients' well being at all times. The nurses were outstanding in their performance." — **Farr 7**

"If I have to go to a hospital at any time, I will choose the Deaconess." — **Palmer 2**

Staff reductions

(continued from page 4)

In some instances, the responsibilities of retired employees have been reassigned; in others, current employees have been promoted to vacant positions. Curt Smith, senior vice president for Operations, says, "The Patient Relations function now is being handled through Quality Assurance [see article on page 4]. Several employees have taken on new duties. For example, Eileen Smith is now supervisor of the histotechnology lab; Noreen Hurley manages the Admitting office; Ed Gomez oversees the laundry service; and Sandy Sullivan coordinates security and telecommunications."

"The people who retired represented a wealth of skill and experience," says Richard Lee, executive vice president. "As individuals it's impossible to replace them. But of course the jobs they did still have to be done, and our employees are making sure that happens. The hospital is going through a rough time right now, but our people are pulling together in a way that affirms our dedication to always providing the best for our patients."

NEDH in the news

Deaconess people in the news in the past few months include:

- Several hospital representatives were interviewed by WEEI-FM as part of the station's annual fund for the homeless drive; this year's theme was a salute to Boston hospitals. Participants were: Carol Baer, R.N., clinical nurse specialist; Herbert Benson, M.D., chief of behavioral medicine; Geoffrey Habershaw, D.P.M., chief of podiatry; Cathy Owens, P.T.; director of Rehabilitation Services, Stephen Shama, M.D., dermatologist; and Phyllis Wasserman, director of Volunteer Services.
- Herbert Benson, M.D., chief of behavioral medicine, and Joan Borysenko, Ph.D., director of the mind/body clinic, appeared in a segment of the PBS series "Discover: the World of Science;" to discuss the relaxation response and other behavioral techniques. Borysenko and Leo Stolbach, M.D., oncologist, were interviewed regarding the mind/body program for cancer patients on Channel 4's "Evening Magazine."
- Paul Church, M.D., urologist, discussed a new study comparing two methods of detecting prostate cancer for WVBF-FM.
- Olivia Hoblitzelle, clinical specialist, behavorial medicine, discussed dealing with the emotional aspects of terminal illness in conjunction with a program on Channel 2.
- Richard Nesto, M.D., cardiologist, was interviewed regarding the government's new cholesterol guidelines for the early evening news on Channel 4.
- Carl O'Donnell, Ph.D., pulmonary medicine, discussed his studies of health care workers' attitudes about caring for patients with AIDS on the Channel 4 evening news.

Herbert Benson, M.D., chief of behavioral medicine (left), chats with actor Peter Graves before taping a segment on the relaxation response for the PBS program "Discover: the World of Science."

Beatrice Carlson, Friends of the Deaconess, displays knit goods at the Friends Christmas Bazaar in December. This year's fund-raising bazaar was the most successful ever.

Benson to be guest speaker at annual meeting

The annual meeting of NEDH Corp. will be held on Tuesday, January 19, at the Museum of Fine Arts in Boston. In addition to a review of the hospital's finances for 1987, the meeting will feature Herbert Benson, M.D., chief of behavioral medicine and author of *The Relaxation Response, Your Maximum Mind,* and other books. He will discuss the hospital's programs in behavioral medicine.

The annual meeting gives members of the corporation and the board of directors a chance to learn about important developments at the hospital during the past year and meet with some members of the hospital's management and medical staff.

Guest relations "good ideas" are just that

The September-October *Pulse* offered employees a chance to let their creativity show through submitting "good ideas for good guest relations."

"We're looking for all kinds of ideas — big and small — that will help make a patient's stay here more comfortable," says Barbara Stank, chair of the good ideas subcommittee of the hospital's Guest Relations Committee. As an example, she cities an idea submitted by Judith Farias, R.N., School of Nursing. "This idea was to improve the comfort of patients in semi-private rooms," she says. "It appears that the volume in some of the television handset speakers [the part that sits on a pillow, within earshot] was too loud, and disturbed the patient in the other bed. So Judy suggested that we adjust the volume controls on the handsets. It worked."

Other ideas included a submission by Darryl Brown, Lowry Building receptionist, about the feasibility of installing speed bumps or speed limit signs on Francis Street and Pilgrim Road. "Hundreds of people cross these streets each day — not only patients and visitors, but employees as well — and we all have seen instances of drivers going too fast," says Stank. "We are exploring the possibilities here, and are working with the city and with MASCO to see what can be done."

Yet another idea came from Claire Dumont, Pastoral Care. During October's cold weather, she noticed excessive drafts coming in through the chapel entrance to the Farr Building; the drafts made the area very cold and uninviting for anyone who wanted to use the chapel.

"The solution to this one was simple," says Stank. "We installed new weatherstripping to the edges of the doors to reduce draft."

Good ideas are always welcome. Any more creative thinkers out there? Just complete the attached and send to Barbara Stank, Building Services, Deaconess G.

More good ideas suggestion form

Name: _____ Date: _____

Department: _____ Location: _____

Here is my good idea for improving the hospital's guest relations environment:

_____

_____

_____

_____

_____

_____

Please clip and mail to Barbara Stank, Building Services, Deaconess G.

news in brief

Lloyd M. Aiello, M.D., ophthalmologist, was appointed to a four-year term on the National Diabetes Advisory Board of the National Institutes of Health. The board's role is to evaluate and update the long-range plan to combat diabetes developed by the National Commission on Diabetes and to make recommendations regarding federal diabetes-related programs.

Meredith August, D.M.D., oral surgeon, has joined the Department of Surgery.

Richard J. Baptista, M.S., R.Ph., general manager, Deaconess Home Health Care (DHHCC), spoke on advances in home total parenteral nutrition at the annual meeting of the California Society of Hospital Pharmacists. He and **Francis Mitrano, M.S., R.Ph.,** director of operations, DHHCC, published an article on stability of total nutrient admixtures in *Nutritional Support Services.*

Henry Brown, M.D., general surgeon/hand surgeon, served as visiting professor at the University of Buenos Aires, Argentina. He also spoke on new studies of morphology and function of the eleventh cranial nerve as it relates to radical neck cancer surgery to the combined Argentine-Uraguayan Anatomical Society Meetings and presented an extension of these studies at the annual clinical congress of the American College of Surgeons.

Carol Baer, R.N., M.S.N., clinical specialist, spoke at a seminar on strategies for the clinical nurse specialist at Hunter College of the City University of New York.

Paul Church, M.D., urologist, presented grand rounds on treatment of impotence after pelvic surgery at Faulkner Hospital.

Janet Connolly, R.N., B.S.N., Farr 9 head nurse, spoke at an AIDS symposium at Simmons College.

Anna Maria Dicenso, R.D., dietitian, spoke to the parents group of the American Diabetes Association on dealing with parties, holidays, and special occasions for children and youth with diabetes.

Jeffrey Dover, M.D., chief of dermatology, coauthored a chapter on dermatology in the Contempo issue of the *Journal of the American Medical Association,* which highlighted the advances in medicine during the past year. He also spoke on new psoralen preparations for PUVA treatment at the annual meeting of the American Academy of Dermatology.

Paul Earle, senior vice president, finance, was appointed to the Mass. Hospital Association's task force on AIDS and was chairman of the task force's subcommittee on finance and insurance.

F. Henry Ellis Jr., M.D., Ph.D., chief of cardiothoracic surgery, presented papers on carcinoma of the esophagus and cardia, surgery for esophageal motility disorders, and reflux esophagitis at the annual meeting of the Mexican Association for General Surgery. He also was made an honorary member of the society.

Robert C. Eyre, M.D., chief of urology, spoke on management of pregnancy following urinary reconstruction at St. Margaret's Hospital, and gave a presentation on continent urinary diversion at the annual meeting of the New England section of the American Urological Association.

Jack J. Hawiger, M.D., Ph.D., chief of experimental medicine, has been elected to a two-year term as chairman of the council on thrombosis of the American Heart Association.

Jim Huddleston, P.T., physical therapist, spoke on physical therapy intervention in the treatment of AIDS at a special session of the Physical Therapy Association Conference. Participating with him were **Judith Babcock, M.S.W.,** social worker, and **Maureen Lynch, R.N., M.S.,** oncology nurse. Also at the conference **Joel Kleinman, M.S., P.T.,** physical therapist, gave a poster session on the role of the physical therapist in obstetric care.

Clifford Kass, M.D., urologist, presented grand rounds on new methods in stone treatment at Faulkner Hospital.

Carol E. Lang, M.S., R.D., director of internship dietetics, coauthored articles on total parenteral nutrition in pregnancy and breastfeeding the hospitalized premature infant in the *Journal of Pediatric and Perinatal Nutrition.* She also coauthored an article on nutritional assessment of normal and high-risk infants in *Topics in Clinical Nutrition,* and gave a joint presentation on nutrition assessment indicators to the annual meeting of the American Dietetic Association.

Janet Lewis, R.N., C.P.A.N., recovery room nurse, and **Jane Beaulieu, R.N., M.S.,** staff development instructor, coauthored an article on application of nursing diagnosis to the PAR scoring system, published in *Journal of Post Anesthesia Nursing.*

William T. Lockard, M.D., administrative pathologist, has been named editor of *Pathology Patterns,* a new biannual supplement to the *American Journal of Clinical Pathology,* which will focus on important developments in pathology and laboratory medicine.

Anthony Monaco, M.D., chief of organ transplantation, spoke on cyclosporine's role in intestinal and kidney transplantation at the Cyclosporine Transplantation Congress. He also was visiting professor at Witsatersrand and the University of Pretoria in South Africa and spoke on organ transplantation to the South African Transplantation Society. Monaco and **Takashi Maki, M.D., Ph.D.,** Cancer Research Institute, spoke on the potential use of pancreas islet cell transplants from multiple donors at the University of California at Los Angeles.

Richard Nesto, M.D., cardiologist, gave presentations at a symposium on silent ischemia held prior to the American Heart Association meetings, where he also presented an abstract on asymptomatic ischemia in diebetics.

Douglas K. Pleskow, M.D., internal medicine/gastroenterology, has joined the Department of Medicine. He completed his residency at Case-Western Reserve University and was a gastroenterology fellow at Mass. General Hospital. His interests include pancreatic and liver disease.

Arturo Rolla, M.D., endocrinology/metabolism, spoke on dermatological abnormalities in diabetes at the Eastern Maine Medical Center and gave presentations at the congress of the Brazilian Diabetes Association.

James Rozenzweig, M.D., internal medicine/endocrinology/metabolism, has joined the Department of Medicine. He is affiliated with Joslin Diabetes Center.

Lee Simon, M.D., rheumatology, received an award of appreciation from the Arthritis Foundation for his contributions to the success of their fundraising telethon.

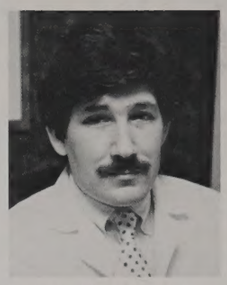
Alison Sneider, director of Public Relations, made a presentation on the growth of health care public relations for the Publicity Club of Boston.

J. Stuart Soeldner, M.D., endocrinology/metabolism, coauthored a paper on the electrocatalytic glucose sensor, presented at the annual conference of the Engineering in Medicine and Biology Society.

James L. Tullis, M.D., retired chairman of Medicine, has been named to the board of directors of American Lifeline Foundation, Inc., a nonprofit corporation that promotes quality health care and lifestyles for the elderly and disabled.

Christine Wanke, M.D., infectious disease, has joined the Department of Medicine. Recently a fellow at the University of Virginia, she was a resident and chief resident at George Washington University. Recently she received the Norwich Eaton Young Investigator Award of the Infectious Disease Society of America, to support her research into the pathogenesis of infectious diarrhea.

Francis Wolfort, M.D., chief of plastic surgery, was honored for his teaching efforts at a dinner attended by his all former residents.



Douglas Pleskow, M.D.

Christine Wanke, M.D.

DHHCC has new facility

(see page 3)

All DHHCC delivery representatives, like Tom Seeley, are certified emergency medical technicians.

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